

<i>SERFF Tracking Number:</i>	<i>UNUM-126518358</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Provident Life and Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>45053</i>
<i>Company Tracking Number:</i>	<i>AR PLA</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>Long Term Care</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Provident Life and Accident Insurance Company

Product Name: Long Term Care	SERFF Tr Num: UNUM-126518358	State: Arkansas
TOI: LTC06 Long Term Care - Other	SERFF Status: Closed-Filed	State Tr Num: 45053
Sub-TOI: LTC06.000 Long Term Care - Other	Co Tr Num: AR PLA	State Status: Closed
Filing Type: Form		Reviewer(s): Harris Shearer
	Author: Denise Green	Disposition Date: 04/01/2010
	Date Submitted: 02/25/2010	Disposition Status: Filed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type:
Submission Type:	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 04/01/2010	Explanation for Other Group Market Type:
	State Status Changed: 04/01/2010
Deemer Date:	Created By: Denise Green
Submitted By: Denise Green	Corresponding Filing Tracking Number:
Filing Description:	
LTC Annual Reports for Provident Life and Accident Insurance Company	

Company and Contact

Filing Contact Information

Denise Green, LD/Managing Actuarial Analyst dgreen@unum.com
 2211 Congress Street
 C166
 Portland, ME 04122

Filing Company Information

Provident Life and Accident Insurance	CoCode: 68195	State of Domicile: Tennessee
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SERFF Tracking Number: UNUM-126518358 State: Arkansas
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Company Tracking Number: AR PLA
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: Long Term Care
Project Name/Number: /

Company

1 Fountain Square
Chattanooga, TN 37402
(800) 451-8475 ext. [Phone]

Group Code: 565
Group Name:
FEIN Number: 62-0331200

Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Provident Life and Accident Insurance Company	\$0.00	02/25/2010	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Harris Shearer	04/01/2010	04/01/2010

SERFF Tracking Number: UNUM-126518358 *State:* Arkansas
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Disposition

Disposition Date: 04/01/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Annual Report		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	NA	Data/DeclarAnnual Report ation Pages	Initial			PLA AR.pdf AR PLA Lapse.pdf AR PLA Rescissions.p df AR PLA Cover.pdf

For the State of Arkansas
For the Reporting Year of 2009

Due: June 30 annually

Company Name: Provident Life and Accident Insurance Company
Company Address: One Fountain Square, Chattanooga, Tennessee 37402
Company NAIC Number: 68195
Contact Person: Denise Green C166

Phone Number: (207) 575-3342

Line of Business: Group

Instructions

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. Denied means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

		State Data	Nationwide Data [FN1]
1	Total Number of Long-Term Care Claims Reported	-	48
2	Total Number of Long-Term Care Claims Denied/Not Paid	-	8
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	-	-
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	-	3
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	-	5
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0%	10%
7	Number of Long-Term Care Claims Denied due to:		
8	Long-Term Care Services Not Covered under the Policy [FN2]	-	3
9	Provider/Facility Not Qualified under the Policy [FN3]	-	-
10	Benefit Eligibility Criteria Not Met [FN4]	-	2
11	Other	-	-

FN1. The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.

FN2. Example--home health care claim filed under a nursing home only policy.

FN3. Example--a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

FN4. Examples--a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

For the State of Arkansas
For the Reporting Year of 2009

Due: June 30 annually

Company Name: Provident Life and Accident Insurance Company
Company Address: One Fountain Square, Chattanooga, Tennessee 37402
Company NAIC Number: 68195
Contact Person: Denise Green C166

Phone Number: (207) 575-3342

Line of Business: Individual

Instructions

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. Denied means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

		State Data	Nationwide Data Data [FN1]
1	Total Number of Long-Term Care Claims Reported	2	44
2	Total Number of Long-Term Care Claims Denied/Not Paid	-	10
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	-	-
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	-	2
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	-	8
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0%	18%
7	Number of Long-Term Care Claims Denied due to:		
8	Long-Term Care Services Not Covered under the Policy [FN2]	-	4
9	Provider/Facility Not Qualified under the Policy [FN3]	-	-
10	Benefit Eligibility Criteria Not Met [FN4]	-	2
11	Other	-	2

FN1. The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.

FN2. Example--home health care claim filed under a nursing home only policy.

FN3. Example--a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

FN4. Examples--a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

**2009 REPORT ON LAPSES AND REPLACEMENTS
OF LONG TERM CARE INSURANCE POLICIES
FOR THE STATE OF ARKANSAS**

Company Name: Provident Life and Accident Insurance Company
One Fountain Square
Chattanooga, Tennessee 37402
NAIC #68195

Contact Person: Denise Green
Date: 2/24/2010

Phone Number: (207) 575-3342

Instructions

The purpose of this form is to report on a statewide basis informations regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

[Listing of the 10% of Agents with the Greatest Percentage of Replacements](#)

<u>Agents Name</u>	<u>Policies Sold by This Agent</u>	<u>Policies Replaced by This Agent</u>	<u>Number of Replacements % of Number Sold by Agent</u>
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[Listing of the 10% of Agents with the Greatest Percentage of Lapses](#)

<u>Agents Name</u>	<u>Policies Sold by This Agent</u>	<u>Policies Lapsed by This Agent</u>	<u>Number of Lapses % of Number Sold by Agent</u>
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[Company Totals](#)

No. of replacement policies sold as a percent of total annual sales: NONE

No. of replacement policies sold as a percent of the total no. of policies at the end of the preceding calendar year: NONE

No. of lapsed policies as a percent of total annual sales: NONE

No. of lapsed policies as a percent of total no. of policies in force at the end of the preceding calendar year: NONE

**Rescission Reporting for Long Term Care Policies
For the State of Arkansas
For the Reporting Year of 2009**

Due: March 1 annually

Company Name: Provident Life and Accident Insurance Company
Company Address: One Fountain Square, Chattanooga, Tennessee 37402

Phone Number: (207) 575-3342

Instructions:

The purpose of this form is to report all rescissions of long term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

Policy Form #	Policy and certificate #	Name of Insured	Date of Policy Issuance	Date(s) Claim(s) Submitted	Date of Rescission

Detailed reason for rescission:

No Rescissions for 2009



February 24, 2010

Honorable Jay Bradford
Commissioner of Insurance
Arkansas Department of Insurance

Re: Long Term Care Reporting for Provident Life and Accident Insurance Company

Dear Commissioner Bradford:

The following annual reports are attached for the reporting year 2009 :

1. Lapse/Replacement Report
2. Claims Denial Report
3. Rescission Report

Sincerely,

A handwritten signature in cursive script that reads "Denise J. Green". The ink is dark and the signature is fluid.

Denise J. Green
Ld/Managing Actuarial Analyst
Business Analysis

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: Not needed for Annual Reports Comments:		
	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not needed for Annual Reports Comments:		
	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not needed for Annual Reports Comments:		
	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage Bypass Reason: Not needed for Annual Reports Comments:		